

Entered - 08/28/00 - sb  
CL 00L0511- GWENDOLYN BURNS

**CLAIM OF: TRIPLE E. EQUIPMENT COMPANY INC.**  
**269 Veterans Memorial Highway**  
**Mableton, Georgia 30126**

For damages alleged to have been sustained as a result of a vehicular accident on July 25, 2000 at 2955 Ridgewood Road.

Pursuant to Section 2-404 of the City Code, the City Attorney hereby approves and authorizes settlement of the above referenced claim by paying to **TRIPLE E. EQUIPMENT COMPANY INC.** the sum of **\$1,099.12** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 25, 2000 at 2955 Ridgewood Road as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

00- R -1904

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 00L00511

Date: November 16, 2000

Claimant /Victim TRIPLE E. EQUIPMENT COMPANY, INC.  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 269 Veterans Memorial Highway, Mableton, Georgia 30126  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,099.12 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 8/2/00 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 7/25/00 Place: 2955 Ridgewood Road  
Department PUBLIC WORKS Division Solid Waste Services  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck by a limb that broke while being loaded into a sanitation truck during the city's removal of debris on a sanitation route.

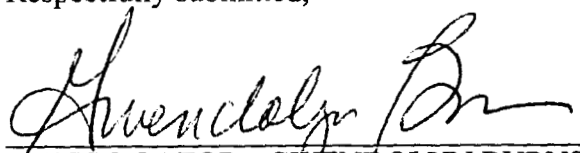
**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

**RECOMMENDATION:**

Pay \$ 1,099.12 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 11-17-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue SW  
Atlanta, Georgia 30335

AUG - 2

RE: CLAIM FOR DAMAGES

Today's Date: 7/31/00

ENTERED - 8-28-00 - SB  
00L0511 - GWEN BURNS

BURNS  
08/21/00

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,099.12 for property and/or  
\$ \_\_\_\_\_ for bodily injury for which I contend the City is liable.

1. Date of incident 7-25-2000 2. Time of incident 11:00 AM 3. Police called X  
(Month/Day/Year) Yes No

4. Location of incident (including street address): 2955 RIDGEWOOD RD. Policy No: 570249018

5. Name of your insurance company: THE TRAVELERS

6. State what and how the incident occurred: I WAS DRIVING BY A GARBAGE TRUCK AS THEY WERE LOADING TREE LIMBS, WHEN THEY LIFTED THEIR LOAD INTO THE TRUCK ONE LIMB BROKE AND FELL OUT THE SIDE OF THE GARBAGE TRUCK ONTO MY TRUCK. CAUSING DAMAGE TO GRILL + SCRATCHING DOWN THE SIDE.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: GMC 1996 174 PJS ARTHUR JOHN WETZEL  
(Make) (Year) (Tag Number) (Driver's Name)

City Vehicle: GARBAGE TRUCK JD. INGRAM SOLID WASTE SERVICES  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: ABOVE (Address) 404-355-8484  
(Name) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State Law, nor is it admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

ARTHUR JOHN WETZEL  
Print Claimant's Name

269 VETERANS MEMORIAL HWY.  
Address

MABLETON, GA. 30126  
City, State and Zip Code

770-941-4800 770-947-7740  
Work Number Home Number

(14)

(7) 941-8255

00-R-1904